



## State of California

 Kevin Shelley  
 Secretary of State

39

STATEMENT OF INFORMATION  
(Limited Liability Company)
**FILED**  
 in the office of the Secretary of State  
 of the State of California

MAR 03 2005

Filing Fee \$20.00. If amendment, see instructions.

**IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM**

## 1. LIMITED LIABILITY COMPANY NAME (Please do not alter if name is preprinted.)

 200318810151  
 ADVANCED ACTION VIDEOS L.L.C.  
 8759 AIRPORT RD.  
 REDDING, CA 96002

This Space For Filing Use Only

**DUE DATE:****FILE NUMBER AND STATE OR PLACE OF ORGANIZATION**

## 2. SECRETARY OF STATE FILE NUMBER

200316810151

## 3. STATE OR PLACE OF ORGANIZATION

CALIFORNIA

**COMPLETE ADDRESSES FOR THE FOLLOWING** (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)

## 4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE

## CITY AND STATE

## ZIP CODE

3075 CHURN CREEK RD

REDDING CA

96002

## 5. CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (DOMESTIC ONLY)

## CITY

## STATE

## ZIP CODE

P.O. Box 494501

REDDING  
~~SACRAMENTO~~96002  
CA~~96002~~**NAME AND COMPLETE ADDRESS OF THE CHIEF EXECUTIVE OFFICER, IF ANY**

## 6. NAME

## ADDRESS

## CITY AND STATE

## ZIP CODE

Robert Hogue

3075 CHURN CREEK

REDDING CA

96002

**NAME AND COMPLETE ADDRESS OF ANY MANAGER OR MANAGERS, OR IF NONE HAVE BEEN APPOINTED OR ELECTED, PROVIDE THE NAME AND ADDRESS OF EACH MEMBER** (Attach additional pages, if necessary.)

## 7. NAME

## ADDRESS

## CITY AND STATE

## ZIP CODE

Louis VOLPE

PO Box 494501

REDDING CA

96002

## 8. NAME

## ADDRESS

## CITY AND STATE

## ZIP CODE

Dean BURROUGHS

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"

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## 9. NAME

## ADDRESS

## CITY AND STATE

## ZIP CODE

**AGENT FOR SERVICE OF PROCESS** (If the agent is an individual, the agent must reside in California and Item 11 must be completed with a California address. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 11 must be left blank.)

## 10. NAME OF AGENT FOR SERVICE OF PROCESS

Robert Hogue

## 11. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL

## CITY

## STATE

## ZIP CODE

3075 CHURN CREEK RD

REDDING

CA

96002

**TYPE OF BUSINESS**

## 12. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY

VIDEO SALES

## 13. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

Robert Hogue

Robert Hogue

B.M.

3/2/05

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

SIGNATURE

TITLE

DATE